

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 24 PM 3:43

**DOCUMENT # F94000006135 (7)**

1. Corporation Name

**ADVENT ENVIRONMENTAL, INC.**

Principal Place of Business

**SUITE 250  
303 N. HURSTBOURNE  
LOUISVILLE KY 40222**

Mailing Address

**SUITE 250  
303 N. HURSTBOURNE  
LOUISVILLE KY 40222**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/01/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEE Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 197.04, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the Florida Secretary of State

Signature, typed or printed name of registered agent and the Florida Secretary of State

Signature

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PC  
SELLERS, MARK A  
7603 DEER MEADOW DRIVE  
LOUISVILLE KY 40241**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**SVC  
TAYLOR, D. HUGH  
3904 VANTAGE PLACE  
LOUISVILLE KY 40299**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**V  
DIETSCH, LARRY J  
9306 FELSMORE CIRCLE  
LOUISVILLE KY 40241**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**Treasurer** ☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**8003 Ashdowne Court** ☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**Secretary** ☐ Change ☒ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**Wanda K. Ballard** ☐ Change ☒ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**Vice President** ☐ Change ☒ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**Jeffrey C. Smoak** ☐ Change ☐ Addition

**5470 Cordova Road** ☐ Change ☐ Addition

**Cope, S.C. 29038** ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to receive the report as required by Chapter 140, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an after formed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95

504 414-8001